



SmartPA Criteria Proposal

Drug/Drug Class:	Corticosteroids, Oral Inhaled PDL Edit			
First Implementation Date:	December 01, 2004			
Revised Date:	March 16, 2023			
Prepared For:	MO HealthNet			
Prepared By:	MO HealthNet/Conduent			
Criteria Status:	☑ Existing Criteria☐ Revision of Existing Criteria☐ New Criteria			

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected:

Inhaled corticosteroids suppress the body's production of substances that trigger inflammation and reduce the production of substances that maintain inflammation. They are used chronically for control of asthma symptoms and are the most effective long-term therapy available for mild, moderate, or severe persistent asthma. This class of medications consistently demonstrate effectiveness for control of asthma by reducing symptom severity, improving peak expiratory flow, diminishing airway hyperresponsiveness and potentially preventing airway wall remodeling. Inhaled corticosteroids have different potencies, but potency does not correlate with clinical efficacy. In general, they are well tolerated and safe at the recommended dosages.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

С	Preferred Agents	Non-Preferred Agents
1:	Advair Diskus®	Advair® HFA
	Budesonide Respules	AirDuo® Digihaler®
	 Dulera® 100mcg/5mcg, 200mcg/5mcg 	AirDuo® RespiClick®
	Flovent® HFA	Alvesco®
	Symbicort®	ArmonAir® Digihaler®
		Arnuity® Ellipta®
		Asmanex® HFA and Twisthaler
		Breo® Ellipta®
		Budesonide/Formoterol (gen
		Symbicort®)
		Dulera® 50mcg/5mcg
		Flovent Diskus®
		Fluticasone Prop HFA (gen Flovent®
		HFA)
		Fluticasone/Salmeterol (gen Advair
		Diskus®)
		Fluticasone/Salmeterol (gen
		Advair® HFA)
		Fluticasone/Salmeterol (gen AirDuo®
		RespiClick®)

			PPG	luticasone/Vilanterol rulmicort® Flexhaler rulmicort® Respules NVAR® Redihaler® Vixela Inhub®			
Type of Criteria:	☐ Increased risk of ADE☐ Appropriate Indications		☑ Preferred Drug List☐ Clinical Edit				
Data Sources:	☐ Only Administrat	ive Databases	⊠ Da	tabases + Prescriber-Supplied			
Setting & Population							
 Drug class for review: Corticosteroids Oral, Inhaled Age range: All appropriate MO HealthNet participants 							
Approval Criteria							
 Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents Documented trial period of preferred agents OR Documented ADE/ADR to preferred agents 							
Denial Criteria							
 Lack of adequate trial on required preferred agents Therapy will be denied if all approval criteria are not met 							
Required Documentation							
Laboratory Resul MedWatch Form		Progress Notes: Other:					
Disposition of Edit							
Denial: Exception Code "0160" (Preferred Drug List) Rule Type: PDL							
Default Approval Period							
1 year							

References

- Evidence-Based Medicine and Fiscal Analysis: "Inhaled Corticosteroids—Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2022.
- Evidence-Based Medicine Analysis: "Inhaled Corticosteroids", UMKC-DIC; October 2021.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.

SmartPA PDL Proposal Form